

HOPEWELL TOWNSHIP

POLICE DEPARTMENT



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e-mail: chiefofpolice@hopewelltwp.com

VACATION WATCH FORM

| Name: | | | |
|-----------------------------------|--------------|-----------------|-------|
| Address: | | Phone: | |
| Date leaving: | Time: | Date returning: | Time: |
| Can you be reached while away | ? □ Yes □ No | Phone: | |
| Will anyone have a key? | ☐ Yes ☐ No | Phone: | |
| Name: | A | Address: | |
| In Case of Emergency, We car | n call: | | |
| Add | ress: | | |
| | | | |
| Will there be lights on? ☐ Yes | | | |
| Will anyone be checking your h | ome? | □ No | |
| | Name: | | |
| | | | |
| | Phone: | | |
| Is there anyone else authorized | | | |
| Will there be any vehicles in the | e driveway? | ☐ Yes ☐ No | |
| Comments: | | | |
| | | | |
| | | | |
| | Inform | ation taken by: | |